

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39684

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 6285		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY WRIGHT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY WRIGHT			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL MTN GROVE TWP		c. LENGTH OF STAY (In this place) LIFETIME		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL MTN GROVE, TWP		d. STREET ADDRESS (If rural, give location) RURAL MTN GROVE, MISSOURI	
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL MTN GROVE, MISSOURI				d. STREET ADDRESS (If rural, give location) RURAL MTN GROVE, MISSOURI			
3. NAME OF DECEASED (Type or Print) SHERRY		a. (First) ELAINE		b. (Middle) SUTTON		c. (Last) SUTTON	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) CHILD born married		8. DATE OF BIRTH MAY 3, 1947	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10b. KIND OF BUSINESS OR INDUSTRY CHILD		9. AGE (In years last birthday) 3		11. BIRTHPLACE (State or foreign country) WRIGHT COUNTY, MISSOURI	
13a. FATHER'S NAME FRED SUTTON		13b. MOTHER'S MAIDEN NAME EUNICE RUTTER		14. NAME OF HUSBAND OR WIFE CHILD none		12. CITIZEN OF WHAT COUNTRY? US	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME FRED SUTTON ADDRESS MTN GROVE, MISSOURI			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diphtheria, Laryngitis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 055x				INTERVAL BETWEEN ONSET AND DEATH 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 24 Nov , 1950, to 25 Nov , 1950, that I last saw the deceased alive on 25 Nov , 1950, and that death occurred at 8:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) MD				23b. ADDRESS Mountaintop Grove Mo.		23c. DATE SIGNED 26 Nov 1950	
24a. BURIAL, CREMATION, REINTERMENT (Specify) BURIAL		24b. DATE NOV 27, 1950		24c. NAME OF CEMETERY OR CREMATORY LONE STAR		24d. LOCATION (City, town, or county) (State) MTN GROVE, MO	
DATE REC'D BY LOCAL REG. 12-2-50		REGISTRAR'S SIGNATURE A.C. Ames		25. FUNERAL DIRECTOR'S SIGNATURE R.W. Barber ADDRESS Wright, Home Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number
Date Filed Dec. 11, 1932

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 8848

P. O. Address City, State, & Co.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.